

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-029293  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7403**

ED AUG 6 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>35 years</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS <b>2224 Cherokee Street</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>WALDO</b> Middle <b>KENNETH (WEHMEIER)</b> Last <b>WEHMEYER</b>		4. DATE OF DEATH Month <b>July</b> Day <b>25</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/14/93</b>
9. AGE (last birthday) <b>68 yrs.</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Decorator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shade &amp; Drapery Co.</b>	
11. BIRTHPLACE (City and state or country) <b>Belleville, Illinois</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>William Wehmeyer</b>		13b. MOTHER'S MAIDEN NAME <b>Wilhelmina Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs. Elizabeth Wehmeyer</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) <b>Yes W.W. No. 1</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mrs. Elizabeth Wehmeyer, 2224 Cherokee St.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MULTIPLE MALIGNANCIES CARCINOMA OF BLADDER AND MYELOCYTIC LEUKEMIA 8 METASTASES</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>181.0</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 YEARS</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>11/29/49</b> to <b>7/25/62</b> and last saw him alive on <b>7/25/62</b> Death occurred at <b>5:40 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Eugene V. Bensel M.D.</b>		22b. ADDRESS <b>4707 Hampton</b>	
22c. DATE SIGNED <b>7/27/62</b>		22d. LOCATION (City, town, or county) <b>Belleville, Illinois</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>July 28, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Walnut Hill Cemetery</b>	
23d. FUNERAL DIRECTOR <b>Beiderwieden F.H.Inc., 1936 St. Louis (6)</b>		23e. DATE RECD. BY LOCAL REG. <b>JUL 27 1962</b>	
23f. REGISTRAR'S SIGNATURE <b>Earl Smith M.D.</b>		23g. ADDRESS	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

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65

Mr. Eugene L. Thompson  
4401 Hampton  
12-4 Fri - 1951  
4709

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.  
Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *James E. Reed*

Licensed Embalmer No. 2/520  
P. O. Address *Flomington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.